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1 - NIC/Analytic Group 7E47 Hqs
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2 - NESA/PPS
1 - C/PES
1 - PDB Staff
1 - NID Staff
6 - CPAS/IMB/CB
1 - C/NESA/AI
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SUBJECT: Near East and South Asia: Vulnerable to the Aids Pandemic [redacted] 25X1

NESA M 88-20030

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1 - DIA/DB-8D4
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Central Intelligence Agency

Washington, D.C. 20505

DIRECTORATE OF INTELLIGENCE

17 March 1988

Near East and South Asia: Vulnerable to the AIDS Pandemic [redacted] 25X1

Summary

The number of reported cases of Acquired Immune Deficiency Syndrome (AIDS) in the Near East and South Asia is currently low, but the lack of public awareness about the disease, inadequate health systems, and prevailing sexual and cultural practices make the region vulnerable to the spread of AIDS. In addition, extensive trade networks, significant tourist flows, and large migratory labor forces throughout the region increase the risk of transmission from individuals with AIDS or infected with its causative retrovirus, Human Immunodeficiency Virus (HIV). [redacted] 25X1

A spread of the disease would put a serious financial burden on governments because of increased health care expenditures and could lead to significant population losses in socioeconomic groups essential to future development--namely, midlevel economic and political managers, agrarian and urban workers, and military personnel. Although most countries are beginning to establish national health plans to deal with the AIDS pandemic, Near Eastern and South Asian countries are likely to request increased Western medical and technical assistance to deal with the problem over the next several years. At the same time, the widespread perception that Westerners are responsible for spreading AIDS may fuel anti-Western sentiment in the region. [redacted] 25X1

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This memorandum was prepared by [redacted] Arab-Israeli Division, and [redacted] Issues and Applications Division, Office of Near Eastern and South Asian Analysis, with a contribution by [redacted] [redacted] OSWR. Comments and queries may be directed to Chief, Issues and Applications Division [redacted] [redacted].

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Current Reporting

The fragmentary and sporadic reporting on AIDS in the Near East and South Asia is largely anecdotal and based on limited studies of high risk groups that are not representative of the entire region or of an individual country. Nevertheless, we believe sufficient information is available to make a preliminary survey of AIDS in the region and assess the domestic and international implications.

The reported number of AIDS cases and of healthy individuals who test positive for HIV infection vary widely throughout the region. Israel, Qatar, and the United Arab Emirates have the highest reported incidence of AIDS and HIV infection, ranging from 2.8 to 9.5 per 100,000 persons. These rates are significantly lower than reported rates of AIDS cases in Uganda, Zimbabwe, and the Congo--where rates are between 14.9 and 137.3 per 100,000 persons--and for the United States, with a reported incidence of 19.3 AIDS cases per 100,000 persons. The estimated incidence of HIV infection in Africa and the United States, however, is significantly higher than reported cases of AIDS. In Uganda, Zimbabwe and the Congo estimates of HIV infection range between 2,500 and 15,000 per 100,00 persons; HIV infection in the United States is estimated at 411 per 100,000. Estimated rates of HIV infection in Near Eastern and South Asian countries are not available because of the lack of sufficient epidemiological studies in the region.

Most Near Eastern and South Asian countries officially report the existence of only a few cases of AIDS or HIV infections. The numbers reported often fluctuate, however, possibly reflecting the death of persons with AIDS or the deportation of foreigners with AIDS or infected with HIV.* Because diagnostic and testing capabilities in the region are limited, the actual numbers of AIDS cases and HIV infections certainly are much higher than reported levels. The number of recognized AIDS cases and HIV infections probably will increase as governments implement national health plans that include testing high risk groups and screening national blood supplies:

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o Egypt reported no cases of AIDS in early 1986. A testing program has been implemented and the Egyptian Ministry of Health reported 32 cases of AIDS in February 1988.

o India had no confirmed cases of AIDS in early 1986. Six positive HIV cases were confirmed among prostitutes four months later, and the government designated two laboratories and seven referral centers to collect blood from high risk groups, such as prostitutes, IV drug users, and eunuchs. By mid-July 1987, 143 people tested positive for HIV infection, including 17 who had developed AIDS.

o The UAE began an extensive testing program after a woman was diagnosed with AIDS in mid-1985. Last year, 22 people were reported to have died of AIDS and 360 people tested positive for HIV infection--30 percent nationals and the remainder foreigners--according to the UAE Ministry of Health.**

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*The numbers reported by the World Health Organization are cumulative numbers of AIDS cases and do not include individuals infected with HIV.

**We believe a majority of the foreigners who tested positive for HIV infection were resident visa or visa renewal applicants who were either denied entry or deported.

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A Description of AIDS and HIV

Acquired Immunodeficiency Disease Syndrome (AIDS) is a clinical illness complex caused by human immunodeficiency virus (HIV). The disease causes the immune system to deteriorate, and there may be gradual or sudden onset of a variety of tumors or infections to which healthy individuals without the disease are usually quite resistant. Some cases of AIDS show signs of damage to the brain or spinal cord, which can result in partial paralysis, confusion, or loss of judgement--with eventual progress to dementia. Some AIDS cases consist of chronic diarrhea with progressive loss of weight. Death from untreated AIDS in adults usually occurs in one to two years; infants may die more rapidly.

HIV is a retrovirus, meaning the genetic material of the virus is inserted into a person's cells at the time of infection--where it probably persists for life. HIV can be transmitted by unsafe homosexual or heterosexual relations between an infected and an uninfected partner; transfer of infected blood or tissue; transfusion of infected blood or blood products; transplantation of infected body parts; sharing contaminated needles among intravenous drug users; and direct transmission from mother to child most likely during pregnancy, birth, or through mother's milk.

Fifty percent or more of individuals infected with HIV--possibly 100 percent--develop AIDS. Available drugs for treating HIV infection may prolong life, but no cure for AIDS has been found. Minimal progress has been made toward developing a vaccine against HIV infection.

Vulnerabilities

We believe several factors make the Near Eastern and South Asian region vulnerable to a spread of the disease.

Widespread ignorance about AIDS and its various methods of transmission will probably contribute most to an increased incidence of the disease, particularly among high risk groups that are still generally unaware of the danger. Most government officials are reluctant to acknowledge the existence of social and medical problems that are widely perceived as resulting from Western lifestyles and moral decadence, fearing it would subject them to heightened domestic political criticism. Moreover, some governments undoubtedly fear that a high rate of AIDS and HIV infection may prompt a decline in tourism--a major source of foreign exchange in several countries such as Morocco and Tunisia. The few government campaigns undertaken thus far to educate the public by means of booklets and pamphlets are hindered by high levels of illiteracy and popular mistrust, even disdain, toward government-sponsored sex education programs.

Inadequate health systems and poor medical facilities and practices probably will contribute to the spread of HIV infection in the region. Generally unsanitary conditions prevail at many hospitals and clinics; some Western observers report widespread indifference by medical staff and technicians to spillage of blood and the use of unsterilized instruments for invasive medical procedures. Moreover, US Embassy and defense attache reporting indicate extensive reuse of needles without sterilization in many countries. The multiple use of unclean needles for immunization could spread the disease quickly among young children, although this risk is believed to be less severe than multiple usage of needles for drawing blood or intravenous injection of drugs.

Some Near Eastern countries are vulnerable because of their proximity to,

and extensive contact with, individuals living in Sub-Saharan Africa where AIDS cases and HIV infections are widespread. The southern regions of Sudan, and to a lesser degree Mauritania, are particularly susceptible because local inhabitants have regular contact and share similar cultural mores with their southern neighbors--Uganda, Central African Republic, and Zaire--where the per capita incidence of AIDS is among the highest in the world. In addition, the Nile River in Egypt and Sudan, a principal transportation and commercial route, may provide a major conduit for a spread of the disease from central Africa. AIDS could be transmitted by traders and merchants using the Nile, just as infected truck drivers passed the disease along their truck routes in Kenya and Uganda.

Also vulnerable to HIV infection are urban elites, migratory workers, tourists, and students--including youth who study in the United States and Europe--who may become infected through unsafe sexual practices, intravenous drug use, or through contact with contaminated blood. Two Kuwaiti men who had studied in the United States, for example, tested positive for HIV infection on a pre-employment blood test given by a Kuwaiti employer in late 1987, according to US Embassy reporting. At the same time, the incidence of unsafe heterosexual promiscuity among males traveling outside the NESA region--for example, involvement with prostitutes--is considered high by some observers, which might put affluent socioeconomic groups with an ability to travel abroad at a higher risk of HIV infection.

The region's massive labor migration patterns--North Africans to Europe, South and East Asians to oil-rich Arab countries, as well as the large migratory work force within the Arab world--raise the potential risk for an increase in AIDS cases and HIV infections. In Saudi Arabia, for example, nearly 3 million foreigners--about 60 percent of the total Saudi labor force--work in the kingdom. 25X1

Cultural and religious practices in the region may also contribute to the spread of HIV infection and make detection and tracking of the disease more difficult. Medical authorities in many areas of the region are frequently prevented from determining cause of death because of widespread opposition to autopsies and funeral practices that call for the almost immediate disposal of corpses. Other cultural practices that involve the use of unsterilized needles and other instruments include: 25X1 25X1

o Tatooing, which is practiced widely throughout the Near East and South Asia by men and women.

o Ritual scarring, which is prevalent in southern Sudan and among other tribes in North Africa.

o Female circumcision and infibulation, still practiced in some areas of Egypt, Sudan, and other North African countries. Circumcision increases chances of HIV transmission during sexual intercourse.

While these practices would be expected to increase the risk of HIV transmission, there is as yet little credible data which define their role in spreading HIV infection. 25X1

Some academic studies and knowledgeable Western observers 25X1 postulate that there may be a higher 25X1 incidence of male bisexuality in some Near Eastern and South Asian countries than in the West because of strict religious and cultural prohibitions against the intermingling of the sexes

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and against the involvement of women in premarital sexual relationships. According to this view, sexual relations between men are often socially tolerated in the region--including in conservative Muslim societies such as Saudi Arabia and Iran--despite religious strictures to the contrary. In addition to abetting the spread of the disease among men through unsafe sexual practices, bisexuality also increases the risk of HIV transmission to women.

Coping with AIDS and HIV Infection

Most government officials in Near Eastern and South Asian countries see AIDS as endemic to the West, attributing local cases of AIDS or HIV infection to the use of infected imported blood supplies, transfusions while abroad, and travel or living overseas. Moreover, government officials often suppress helpful, prevention-oriented information that the disease is transmitted through intravenous drug abuse and homosexual practices--two major means of transmission in the West--and through heterosexual contact--the major mode of transmission in sub-Saharan Africa.

Nevertheless, Near Eastern and South Asian governments are becoming more concerned about the spread of the disease and are trying to find ways to cope with its potentially serious medical, financial, and political implications. An increasing number of government officials are attending international and regional conferences on AIDS and AIDS-related issues:

o Many countries sent delegations to London this past January to attend an international AIDS conference sponsored by Great Britain and the World Health Organization. The executive bureau of Arab League health ministers met separately in London during the conference to discuss an Arab strategy to combat AIDS.

o Kuwait hosted its second Middle East conference on AIDS a few weeks after the London conference. The conference addressed the latest virus research, identification of the disease, means of treatment, and social, legal and psychological problems associated with AIDS. 25X1

Many governments are beginning to incorporate AIDS programs into their national health plans--usually with technical assistance from the World Health Organization. The potential efficacy of these programs, in our view, depends largely on the government's willingness to confront the disease openly, mainly through public education programs, training for health and medical personnel, and improved testing and blood screening capabilities. Although available information usually does not indicate how much money governments have set aside for AIDS education, testing, screening, and treatment, we believe few countries in the region are prepared to allocate scarce budgetary resources to deal with AIDS when hepatitis, typhoid, measles, and other prevalent diseases pose more immediate health care problems. Some sharp increases in AIDS-related health care expenditures have been noted, however; the Israeli Health Ministry set aside only $50,000 for an AIDS screening program in its budget in 1986 while subsequent budgets were to allocate $1 million annually. 25X1

Testing Capabilities. Despite public denials about the incidence of AIDS or HIV infection, many Near Eastern and South Asian countries have initiated ambitious testing programs. Governmental uncertainty and even fear probably are responsible for unusually large orders of HIV test kits, a blood testing kit often used to identify individuals who are infected with HIV:

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o Iraq was seeking 1.7 million HIV test kits from Western suppliers in October 1987.

o Iran was seeking over one million HIV test kits in July 1987.

o Saudi Arabia was seeking offers for 250,000 HIV test kits last July.

o Jordan requested 25,000 HIV test kits last August for its armed forces.

Some countries--especially the Gulf Arab states--appear to be ordering large quantities of HIV test kits to test foreign students and workers. Moreover, large orders of test kits by Jordan, Iran, and Iraq may reflect governmental concern that AIDS might spread through their armed forces, reducing their military capabilities.

Testing procedures and practices in the region, however, are improving only slowly. Medical personnel are often provided only the most rudimentary information on the disease, and most countries lack the capability of tracking the spread of AIDS from person to person. In addition, few health facilities have been designated to diagnose the disease and test for HIV infection. In Algeria, for example, only one institute has the capability to test for HIV infection. In Saudi Arabia, the King Fahd Hospital in Riyadh was able to perform only the first part of the HIV test as of August 1987, according to Department of Defense reporting.

National health plans usually emphasize testing high risk groups for HIV infection. For many countries facing financial constraints, testing high risk groups--prostitutes, eunuchs, homosexuals, and foreign workers--is a relatively low cost alternative to a comprehensive testing program. Such a discriminatory policy, however, may lull the general public into a false sense of security about their own risk, divert attention from the need for public health education, and promote xenophobia. In addition, it fails to educate young people about the relationship between AIDS and unsafe sexual practices and drug abuse.

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A few countries, however, have initiated ambitious programs to test for HIV infection:

o Israel has set up seven centers to test civilians free of charge. In addition, the Israeli military has tested about 60 percent--298,000 persons--of its compulsory, reserve, and permanent service personnel as of early 1988.

o Kuwait has volunteered to be the regional center for the mandatory testing of emigrees to the United States as required by US law, according to US Embassy reporting.

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o The United Arab Emirates tests resident visa and visa renewal applicants for HIV infection at a rate of 1000 individuals per day, according to the UAE Ministry of Health. Still, about 200 to 300 resident visa applicants per day and all non-resident applicants are not tested because of cost limitations.

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Screening Blood Supplies. Despite medical evidence that AIDS has spread from blood transfusions performed in the early to mid-1980s--when imported blood was not tested for HIV infection--blood screening capabilities in Near Eastern and South Asian countries generally remain poor. Many countries still import most of their blood supplies, although some countries have begun to rely on domestic sources for their medical needs in order to halt the spread of AIDS through infected imported blood. At the same time, most

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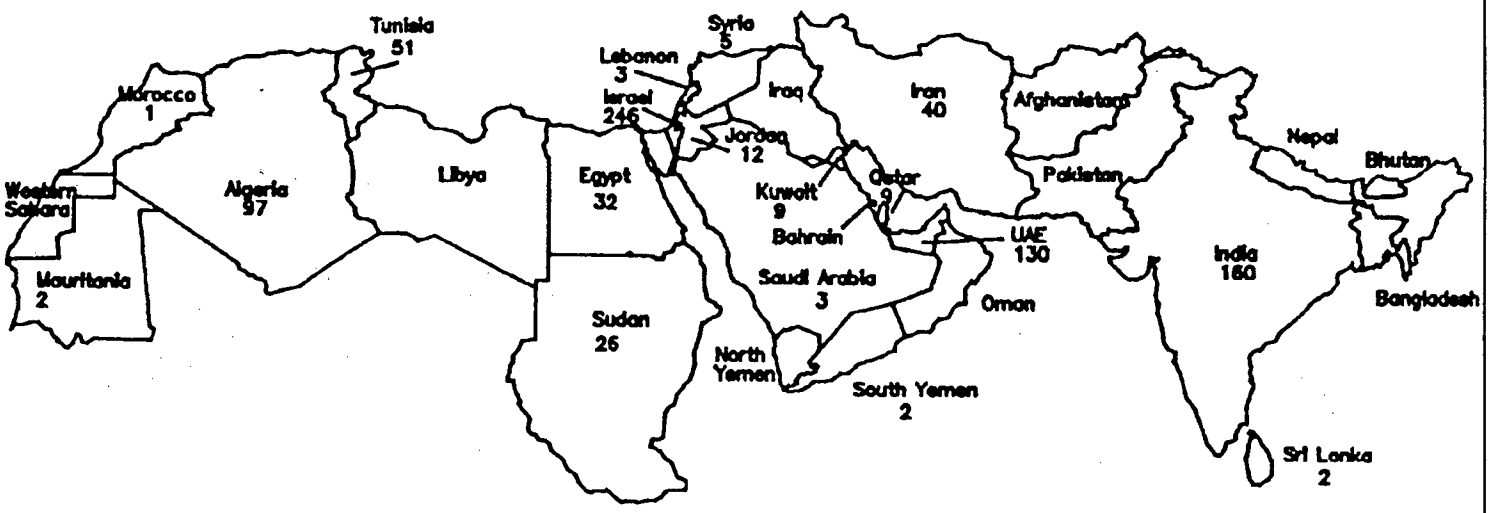
AIDS & HIV Infection in Near East & South Asia*



* Numbers reflect only reported cases of AIDS and HIV infection. Actual numbers almost certainly are higher, but lack of statistical sampling prevents an accurate estimate of AIDS and HIV infection in the region.

Information available as of 1 March 1988

countries lack the technical expertise and equipment to screen domestic blood supplies. Algeria plans to begin screening domestic blood at six regional centers in February 1988, but nationwide screening will not be achieved until after 1989, according to US Embassy reporting.

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Other Defensive Measures: Entry Restrictions, Deportations, Isolation Centers

Many countries, such as Egypt, Libya, Saudi Arabia, the UAE, and Iraq, are requiring proof of HIV non-contamination--often referred to as AIDS-free certificates in local reporting--before granting visas and work permits to foreigners:

o Egyptian health regulations require HIV testing of all foreigners living in Egypt. Until recently, enforcement was aimed almost exclusively at students from black African states, according to US Embassy reporting. In addition, Egypt's Ministry of Defense is enforcing requirements that call for foreigners--including US citizens--seeking security clearances for access to Egyptian military sites to present evidence that they are free of HIV infection.

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o Foreigners entering Iraq are required to undergo tests in Iraq for HIV infection; non-Iraqi medical reports are not acceptable. Three hospitals in Baghdad were assigned responsibility in late 1986 for granting health certificates to all foreigners entering the country.

o India's Directorate General of Health Services established guidelines in 1987 to govern HIV testing. All foreigners,

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including students and workers, who intend to stay in India for more than one year are to be tested for HIV infection. About 6,600 foreign students had been tested by December 1987 with 23 testing positive for HIV.

Government officials face a dilemma when an individual--either foreigner or national--is diagnosed with AIDS or tests positive for HIV infection. Western concerns, such as confidentiality, hospice care, and treatment for secondary infections, are generally ignored in most Near Eastern and South Asian countries because of the lack of medical facilities to treat AIDS patients. The Israeli military discharges soldiers who test positive for HIV infection from military service. Many governments deport foreigners who are diagnosed with AIDS or test positive for HIV infection, although such action is diplomatically sensitive:

o Iraq deported 15 Zambian Army personnel after tests done by Iraqi doctors found them to be HIV positive,

o India's deportations of 10 African students who tested positive for HIV infection in early 1987 prompted protests on several university campuses around the country. The deported students claimed they were unfairly singled out for testing because they were African.

Isolation of citizens with AIDS or infected with HIV is one governmental response emerging in many states--especially among the Gulf Arabs:

o Saudi Arabia's Ministry of Health issued a directive in 1985 that called for Saudis in the advanced stages of AIDS to be placed in isolation hospitals, or when necessary, sent abroad for treatment. Saudis who test positive for HIV infection will be informed of their condition.

o The UAE is establishing isolation centers in each of the seven emirates for individuals with AIDS.

o Kuwait plans to isolate any Kuwaiti who tests positive for AIDS. Isolation will be in a home setting where the individual will be allowed to work in his or her profession, if possible, and where family and friends may visit, according to US Embassy reporting.

o Algeria has sent about 20 military personnel with AIDS to an old French Foreign Legion fort in southern Algeria for medical observation. Seven more officers with AIDS at an Algerian military hospital are awaiting evacuation, according to

Implications for US and Western Interests

A widespread perception that Westerners are responsible for spreading AIDS may fuel anti-Western sentiment in Near Eastern and South Asian countries. Disinformation campaigns--such as the Soviet Union's in the mid-1980s--alleging US responsibility for the outbreak and spread of AIDS might make some countries reluctant to allow expanded US commercial presence or grant military basing agreements and port calls. Various disinformation efforts have focused on intentional US delivery of infected blood to Third World nations, the danger posed by HIV-infected US servicemen, and purported scholarly works alleging intentional US production of the virus. Some locally inspired disinformation has surfaced in the Near East and South Asia; the Pakistani press, for example, warned against allowing US sailors from the USS Kitty Hawk to visit Karachi last April because of the threat of AIDS. Disinformation in the Cairo press

attributed the spread of AIDS to an Israeli plot to destroy the Egyptian population. 25X1

Near Eastern and South Asian countries are likely to request increased Western medical and technical assistance to deal with the pandemic over the next several years. Egypt and Sudan have already sought the help of the US Naval Medical Research facility in Cairo in setting up their national health plans, testing facilities, and blood screening programs. Sudan has also asked the European Community to provide technical support to help establish a central AIDS laboratory in Khartoum and three other regional laboratories. Any allocation of scarce domestic resources to deal with the AIDS problem in poor countries almost certainly would prompt requests for offsetting external assistance. 25X1

Countries in the Near East and South Asia probably believe the United States and other Western nations have a special responsibility to help combat the spread of AIDS as they associate the disease with perceived Western decadence--including sexual promiscuity and drug abuse. Most governments probably expect the United States and other Western nations to allocate financial, medical, and technical resources for AIDS research. In particular, these countries almost certainly will continue to rely on the West to develop vaccines, inexpensive and accurate test kits, and therapies that could be used in the less developed world. 25X1

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PREVALENCE OF AIDS: SELECTED COUNTRIES

Country	*AIDS Cases*	*HIV Cases*	*Comment*
Algeria	37 (1/88)**	60 (2/88)	Government beginning to allow open media coverage of AIDS in Algeria.
Egypt	32* (2/88)	NA	An American-born professor at American University in Cairo died from AIDS complications in late 1986. A local editorial criticized the Egyptian government for allowing the professor to enter the country.
India	17 (7/87)	143 (7/87)	First 6 cases of HIV infection found in port city of Madras -- staging point for Indian soldiers going to Sri Lanka.
Iran	40* (6/87)	NA	Medical personnel believe blood transfusions and unsanitary needles major causes of spread of AIDS.
Iraq	NA	NA	Government officials plan to establish a central laboratory and 26 testing centers.
Israel	45 (12/87)	201 (4/87)	Military considering testing recruits for AIDS after 8 soldiers tested positive. Condom vending machines installed in military barracks.
Jordan	4 (10/87)	8 (2/88)	Public education program implemented; Jordanian Minister of Health is chairman of a committee of Arab Health Ministers tasked to draft legislation of an Arab response to the AIDS pandemic.
Kuwait	7* (6/87)	2 (12/87)	Kuwait is planning to build a $10.5 million treatment center for AIDS victims.
Mauritania	0 (11/86)	2 (12/87)	No facilities exist to test donor blood for transfusions. European Development Fund promised to construct facility, but no date set for completion [redacted]

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PREVALENCE OF AIDS: SELECTED COUNTRIES (Continued)

Country	*AIDS Cases*	*HIV Cases*	*Comment*
Qatar	9 (5/87)	NA	Annual purchases of HIV testing kits about 36,000 as of April 1987 [redacted]. 25X1
Saudi Arabia	3* (8/87)	NA	Foreign workers to be tested before entering the country and again three months after their arrival.
Sudan	12 (8/87)	14*** (1/88)	High risk groups identified by health officials include refugees from Ethiopia and Uganda, soldiers returning from the civil war in the south, homeless boys in Khartoum, and those living in southern provinces.
Tunisia	11 (12/87)	40 (2/87)	A Tunis hospital ward reportedly treating only AIDS patients. Education programs on AIDS planned with private US assistance -- but only as part of program on sexually transmitted diseases.
UAE	22 (1/88)	108**** (1/88)	Isolation centers to be established in each emirate during 1988; two became operational in November 1987. Patients to receive psychological counseling as well as medical treatment.

* The number may include persons who tested positive for HIV infection as well as those who have AIDS. [redacted] 25X1

** Date of information.

*** Includes seven persons from a small sample study which tested 80 homeless boys in Khartoum for HIV infection; seven percent tested positive. [redacted] 25X1

**** The number does not include the average one carrier per day found in screening resident visa and visa renewal applicants. [redacted] 25X1

[redacted] 25X1

[redacted] 25X1